

**PLAN, EXPERIENCE AND EQUIPMENT QUESTIONNAIRE**

Submitted to \_\_\_\_\_

)A Corporation

By \_\_\_\_\_

)A Copartnership

)An Individual

Principal Office \_\_\_\_\_

The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

1) In what manner have you inspected the proposed work? (explain in detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Explain your plan or layout for performing the proposed work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) The work, if awarded to you, will have the personal supervision of whom?

\_\_\_\_\_

4.1) How many years has your organization been in business under your present name?

\_\_\_\_\_

4.2) Have you ever failed to complete any work awarded to you? \_\_\_\_\_ No (If yes, attach additional sheet with details and explanation.)

5) Do you intend to subcontract any portion(s) of this work? Yes No \_\_\_\_\_  
If yes, state amount of sub-contract, and if known, the name and address of the sub-contractor, amount and type of his equipment and financial responsibility.

6) Have you made contracts or received firm offers for all materials prices used in preparing your proposal ? Yes \_\_\_\_\_ No \_\_\_\_\_ **Do not** give names of dealers or manufacturers.

**STATUS OF PRESENT AND PAST CONTRACTS**

7) Give full information about past and present contracts, whether private or governmental contracts, whether prime or sub-contracts; whether completed or in progress or awarded but not yet begun; or whether you are low bidder pending award of contract.

OWNER	LOCATION	DESCRIPTION	ADJUSTED CONTRACT AMOUNT	AMOUNT COMPLETED AND BILLED	ADDITIONAL EARNED SINCE LAST ESTIMATE	BALANCE TO BE COMPLETED	ESTIMATED DATE OF COMPLETION

**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

(Corporate Seal)

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public of the State of New Jersey

My Commission expires \_\_\_\_\_.  
(SEAL)